PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

Under the Riperwork Reduction	n Act of 1995	no persons are requir	ed to re					OMB control number
Effective on 12/08/2004. Assuming to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber	10/676,614		
FEE TRANSMITTAL				Filing Date		10/1/2003		
For FY 2005				First Named Inv	entor	Namaky		
Applicant claims small entity status. See 37 CER 1 27				Examiner Name		Marthe Ma	arc Colemai	n
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 250.00				Art Unit		3661		
TOTAL AMOUNT OF PAYN	Attorney Docket	No.	19325/040	97				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAR	FILING F			CH FEES Small Entity	EXAMI	NATION FI Small Ent		
Application Type	Fee (\$)		Fee (\$)		Fee (\$	Fee (\$)		ees Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description								<u>Small Entity</u> ee (\$) <u>Fee (\$)</u> 50 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 360 180								
	xtra Claims	<u>Fee (\$)</u>	<u>Fee f</u>	Paid (\$)		<u>Dependen</u>		
- 20 or HP = HP = highest number of total c	laims naid for	if greater than 20			<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)	
	xtra Claims		Fee F	Paid (\$)				-
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)								Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other: Extension of time - One Month - \$120.00; Terminal Disclaimer - \$130.00								\$250.00
SUBMITTED BY	111							

Registration No. Telephone 216/622-8891 Signature 51,485 (Attorney/Agent) Øζ Chet J Bonner Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.